Approved For Release 2000/05/05 : CIA-RDP78-02990A000100030050-4

Request for Additional Classroom Space

School or Staff_____

Date_____

Date	Hours From	Hours To	Class or Activity	Number Persons	Cleared Uncleared	Location, Furn.& Equipme Desired, & Other Notes

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CLASSROOM SCHEDULE

Month _____ School or Staff _____

Working Days	Building and Room Numbers					
	*					

* In these columns, opposite date concerned, enter abbreviation of class or activity and specific times used during day.

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